

WRITE PLAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

MAR 31 1933  
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

2827

1. PLACE OF DEATH  
 County St. Francois Registration District No. 172  
 Township Randolph Primary Registration District No. 4463  
 City near Elvins mo St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Eli Archembo  
 (a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)  
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

File No. 829  
Registered No. 49

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ms Rosee Archembo

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 10<sup>th</sup> - 1859

7. AGE YEARS 73 MONTHS 3 DAYS 26 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. \_\_\_\_\_

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington mo

13. NAME Louis Archembo

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

15. MAIDEN NAME Lalia Bond

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT ms Rosee Archembo (ADDRESS) St. Francois mo

18. BURIAL, CREMATION, OR REMOVAL St. Francois mo PLACE DATE 1-14 1933

19. UNDERTAKER Baldwell & Son (ADDRESS) St. Francois mo

20. FILED 3-10 1933 Edgar Whitehead Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/11 1933

22. I HEREBY CERTIFY, That I attended deceased from 1/6 1933, to 1/11 1933  
 I last saw him alive on 1/9 1933 Death is said to have occurred on the date stated above, at 7:15 a.m.  
 The principal cause of death and related causes of importance were as follows:  
acute Dilatation of heart  
chronic myocarditis about 5 years

Other contributory causes of importance: \_\_\_\_\_

Name of operation none Date of \_\_\_\_\_  
 What test confirmed diagnosis Physical Exam & history Was there an autopsy? 1

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify \_\_\_\_\_  
 (Signed) Paul L Jones, M. D.  
 (Address) E. Elvins mo

